



Department of Health and Human Services  
Commissioner's Office  
221 State Street  
11 State House Station  
Augusta, Maine 04333-0011  
Tel. (207) 287-3707  
Fax (207) 287-3005; TTY (800) 606-0215

**AUTHORIZATION TO TRANSFER TO:**

\_\_\_\_\_  
Name of Hospital

**Name of Patient:** \_\_\_\_\_

**Date of Hearing on Involuntary Commitment:** \_\_\_\_\_

A copy of the Commitment Order signed on \_\_\_\_\_ is attached to this authorization. Pursuant to 34-B M.R.S.A 3868(1), on behalf of Mary C. Mayhew, Commissioner of the Department of Health and Human Services, I authorize the transfer of the patient from \_\_\_\_\_ to \_\_\_\_\_. This transfer is consistent with the medical needs of the patient and due consideration has been given to the relationship of the patient to his or her family, guardian or friends in order to maintain relationships and encourage visits beneficial to the patient.

Prior to transfer, the hospital must send a copy of this notice to the patient's guardian, parent, spouse or next of kin, unless the Chief Administrative Officer of the \_\_\_\_\_ has reason to believe that the notice to one of these individuals would pose a risk of harm to the patient, in which case notice need not be given.

In this case, notice of transfer will be given to: \_\_\_\_\_  
Name of person notified

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Commissioner or Designee